PAYMENT REQUEST

VP _____

Entered By _____

PS Approval _____

PS Date _____

OFFICE OF THE COMPTROLLER

VOUCHERS PREVIOUSLY ENCUMBERED

DATE _____

VENDOR NUMBER _____

SFX _____

VENDOR NAME _____

ADDRESS _____

_____

_____

DESCRIPTION
40 characters
*Invoice number between * ***

_____

_____

_____

AMOUNT **$** _____

PURCHASE ORDER NO. | | | | | | | | | | | |

RECEIVER NO. | | | | | | | | | | | |

INVOICE NUMBER | | | | | | | | | | | | | | | | |

REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____